## **MENTORING NETWORK**

## PRIVACY ACT STATEMENT

In accordance with Section 552a(e)(3) of Title 5, United States Code, the following information is provided to you when supplying personal information to the U.S. Coast Guard in conjunction with the Mentoring Network Program:

- 1. AUTHORITY which authorizes the solicitation of the information: Sections 92(i) and 632 of Title 14, U.S. Code, Title 37 USC as implemented in GAO Manual for Guidance of Federal Agencies, Title 2, GAO, and Title 6 GAO.
- 2. PRINCIPAL PURPOSE for which information is intended to be used: (1) to identify and match mentor and mentee volunteers
- 3. ROUTINE USES which authorize disclosure of this information external to the Coast Guard: None.
- 4. <u>DISCLOSURE</u> of the information is voluntary; however failure to provide the information may result in the inability to provide a mentor match in an accurate or timely fashion.

I wish to be a MENTOR [ ] I wish to be a MENTEE [ ]  (You may check one or both blocks)				
Name:		SSN	Rate/Ra	nk/Grade
Specialty/Rating/Position:				
Time in Service: CG Other Service			Time in Specialty/Rating/Position:	
			otional but providi mentoring needs	ng
Age:	Sex: Marital S	tatus: (Married)(	Not Married) CG	Spouse? Yes/No
Number of	Fam. Members:	MBTI (if know	/n)	
	ackground: (Black) (Hispanic) (N			
Unit:			OPFAC _	Rotation Date
Address:				
Coast Guard Experi			E-mail: _	
(Mentee info)Profes	sional concerns or needs for me	ntoring:		
(Mentor info)Profess	sional subject areas I feel comfor	table discussing		
Have you taken the	mentoring training course?	Yes [ ]	No [ ]	
By signature below, I consent to disclosure of the above information				Please return this form to:
for use in connection with the mentoring Network Program.  (You may attach additional pages if you wish)				Commandant (G-WTL)
	Ladditional pages if you wis	_	U.S. Coast Guard Leadership Mentoring Program 2100 2nd Street, SW Washington, DC 20593-0001	
Signature		Date		

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